



**APPLICATION FOR
CORPORATION OR LLC,
DIVISION I OR II,
OR SPECIALITY CONTRACTOR**

**RECIPROCITY
FROM
THE CITY OF PORT ST LUCIE
OR
THE CITY OF FORT PIERCE**

CHECK LIST

- ____ 1. Letter of Reciprocity where the Block Prepared, Proctored and Graded Exam was taken and the applicant obtained grade of 70.0% or higher.
- ____ 2. Must provide a copy of a **valid and current certificate** of competency issued by the City of Port St. Lucie or the City of Fort Pierce.
- ____ 3. Application – Completely filled out, no blanks
- ____ 5. A Full Faced View Passport Type Photograph of Applicant - **NO COPIES**
- ____ 6. Application Fee: \$150.00 (Subject to change)
- ____ 7. Provide a current and valid Certificate of Insurance on the corporation for General Liability and Workers' Compensation.
The certificate of insurance shall be as prescribed by County Code of Ordinances and Compiled Laws and the Florida Construction Industry Licensing Board. The Certificate should contain:
- a. Policy Number, Effective Date & Expiration Date
 - b. Cancellation Statement shall be completed and signed by Insurance Agent
 - c. Certificate Holder should read:

St. Lucie County Contractor Certification
2300 Virginia Avenue
Fort Pierce, Florida 34982
 - d. The Certificate of Insurance shall be with an Insurance Company authorized to do business in the State of Florida and reflect coverage for the State of Florida.
 - e. Please make sure that the Business Name, Workers' Compensation/Liability "Insured" name and the State License name (if applicable) all match **EXACTLY**.

<u>INSURANCE COVERAGE</u>	<u>GENERAL LIABILITY</u>	<u>PROPERTY DAMAGE</u>
General & Building Contractors	\$300,000	\$50,000
Residential Contractor Minimum of	100,000	25,000
All other types & classes of Contractors minimum of	100,000	25,000

ALL NOTARIZED DOCUMENTS MUST HAVE THE ORIGINAL SUBMITTED.

ALL DOCUMENTS REQUIRED BY COUNTY CODE OF ORDINANCES AND COMPILED LAWS, FOR CERTIFICATE OF COMPETENCY, SHALL BE SUBMITTED TO THE COUNTY CONTRACTOR CERTIFICATION ON OR BEFORE THE CUT-OFF DATES PROVIDED BY THIS DIVISION WITH YOUR APPLICATION. CONTACT THIS DIVISION IF IN DOUBT OF THE CUT-OFF DATE. A CUT-OFF DATE HAS BEEN DESIGNATED FOR EACH MONTHLY SCHEDULED EXAMINING BOARD MEETING. **CUT-OFF DATES SHALL BE ENFORCED.**

MAILING ADDRESS FOR ALL REQUIRED DOCUMENTS:

ST. LUCIE COUNTY
CONTRACTOR CERTIFICATION
2300 VIRGINIA AVENUE
FT. PIERCE, FL 34982-5652
PHONE # (772) 462-1672 or 1673
FAX # (772) 462-1148

ST. LUCIE COUNTY APPLICATION

Application Fee: _____ Date: _____ Certificate #: _____

DO NOT WRITE ABOVE THIS LINE

INSTRUCTIONS:

PAYMENT IS REQUIRED AT THE TIME OF SUBMITTING AN APPLICATION TO COUNTY EXAMINING BOARD. **APPLICATION FEES ARE NOT REFUNDABLE. ALL CHECKS WILL BE MADE PAYABLE TO: ST. LUCIE COUNTY.** THE APPLICATION IS AN AGREEMENT AUTHORIZING THE EXAMINING BOARD TO OBTAIN ANY ADDITIONAL INFORMATION CONCERNING THE APPLICANT'S APPLICATION. THIS INFORMATION MAY CONCERN THE APPLICANT'S FINANCIAL, CREDIT, COLLECTIONS, TAX LIEN STATUS, AND JUDGMENTS. A CONVICTION OF A FELONY IN THE LAST FIVE YEARS MAY RESULT IN A DENIAL OF YOUR LICENSE, PER ST. LUCIE COUNTY CODE OF ORDINANCES.

(CHECK ONE)

CONTRACTOR TYPE

- (1) GENERAL _____
(2) BUILDING _____
(3) RESIDENTIAL _____
(4) PLUMBING _____
(5) ELECTRICAL _____
(6) A/C _____
(7) SPECIALTY _____
(NAME ONE): _____

PLEASE PLACE
PHOTOGRAPH OF
APPLICANT HERE.
PHOTO MUST BE FULL-
FACED VIEW
APPROXIMATELY 2"x 2".
A CLEAR &
RECOGNIZABLE
LIKENESS.

APPLICANT'S SOCIAL SECURITY #: _____

APPLICANT'S NAME: _____
(FIRST) (MIDDLE) (LAST)

I AM QUALIFYING FOR: () PARTNERSHIP () CORPORATION () COMPANY

NAME OF FIRM OR COMPANY: _____

BUSINESS ADDRESS: _____ BUS. PHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

TITLE: _____ # OF YEARS: _____ FAX #: _____

HOME ADDRESS: _____ HOME PHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____ SEX: _____

CITIZEN OF UNITED STATES: YES () NO ()

GRADE SCHOOL: _____ YRS. HIGH SCHOOL: _____ YRS. COLLEGE _____ YRS.

TRADE SCHOOL OR SPECIAL COURSE _____

FLORIDA DRIVER'S LICENSE NUMBER: _____

1. GIVE HISTORY OF YOUR EXPERIENCE IN THE CONSTRUCTION BUSINESS DURING THE LAST TEN (10) YEARS. (STATE LENGTH OF TIME IN EACH FIELD AND EMPLOYER.)

2. LIST NAME AND ADDRESSES OF ALL BUSINESSES APPLICANT OWNS OR HAS OWNED IN THE PAST FIVE (5) YEARS.

3. MATERIAL SUPPLIERS WITH WHICH YOU REGULARLY DO BUSINESS. (IF YOU CANNOT COMPLY, SUBSTITUTE TWO OTHER SIMILAR BUSINESS REFERENCES), WITH NAMES AND ADDRESSES:

4. I AM NOW DULY LICENSED AS A _____ CONTRACTOR IN THE FOLLOWING MUNICIPALITIES: **(LEAVE BLANK IF NO LICENSE HELD)** DO NOT LIST OCCUPATIONAL LICENSE NUMBERS.

NAME OF COUNTY/CITY OBTAINED

COMPETENCY NUMBER(S)

(QUESTIONS 1 THRU 5 TO BE ANSWERED BY APPLICANT/QUALIFIER) IF YOUR ANSWER IS YES TO THE FOLLOWING QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL ON A SEPARATE ATTACHED SHEET:

1. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH FAILED TO PAY ALL SUBCONTRACTOR'S, MATERIAL SUPPLIES, OR LABORERS ON CONTRACT?

YES _____
NO _____

2. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH HAS FAILED TO COMPLETE A CONTRACT?

YES _____
NO _____

3. HAVE YOU EVER HAD A LIEN FILED AGAINST YOU, AS A CONTRACTOR, OR YOUR BUSINESS?

YES _____
NO _____

4. HAVE YOU EVER BEEN CONVICTED OR PRESENTLY CHARGED WITH A MISDEMEANOR INVOLVING MORAL TURPITUDE OR A FELONY WITHIN THE LAST FIVE (5) YEARS?

YES _____
NO _____

5. HAVE YOU EVER HAD YOUR CERTIFICATE OF COMPETENCY SUSPENDED OR REVOKED? HAS THE DEPARTMENT OF PROFESSIONAL REGULATION SUSPENDED OR REVOKED YOUR CERTIFICATION OR REGISTRATION?

YES _____
NO _____

"I CERTIFY THAT I WILL ACT FOR THE PARTNERSHIP, FIRM OR CORPORATION FOR WHICH I AM THE QUALIFIER, IN ALL MATTERS CONCERNING THE CONTRACTING BUSINESS, AND I WILL ACTIVELY SUPERVISE ALL CONSTRUCTION WORK AND BE RESPONSIBLE FOR ASCERTAINING THAT ALL SUCH WORK IS COMPLETED ACCORDING TO APPROVED PLANS, APPLICABLE BUILDING CODES AND GOOD CONSTRUCTION STANDARDS. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD IF I SEVER BUSINESS CONNECTIONS, WITH THE PARTNERSHIP, FIRM OR CORPORATION CONCERNED IN THIS APPLICATION, OR AM NO LONGER ACTIVELY SUPERVISING THE CONSTRUCTION WORK. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD OF ANY CHANGE IN MY BUSINESS STATUS AND/OR IN MY CONTRACTORS' STATUS, FROM THAT STATED IN THIS APPLICATION. I UNDERSTAND THAT SHOULD I HAVE A CHANGE IN MY BUSINESS STATUS AND/OR A CHANGE IN MY CONTRACTORS' STATUS, I AM REQUIRED TO SUBMIT A NEW APPLICATION TO THE EXAMINING BOARD TO REFLECT MY CHANGE IN STATUS. I FURTHER UNDERSTAND THAT MY NEW APPLICATION WILL BE PROCESSED IN THE SAME MANNER AS MY INITIAL APPLICATION AND ALL REQUIRED DOCUMENTS SHALL BE PROVIDED. I SHALL NOTIFY THE EXAMINING BOARD OF ALL CHANGES IN MY BUSINESS AND HOME MAILING ADDRESSES AND TELEPHONE NUMBERS INCLUDING CHANGES IN ZIP CODES AND TELEPHONE AREA CODES."

AFFIDAVIT

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: _____

COUNTY: _____

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT, PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE TRUE AND CORRECT.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as identification.

Signature of Applicant

Signature of Notary



BOARD OF COUNTY COMMISSIONER
2300 Virginia Avenue, Fort Pierce FL 34982-5652

Telephone (772) 462-1672
(772) 462-1673

Affidavit

PUBLIC WORKS
ST. LUCIE COUNTY BUILDING DEPARTMENT
CONTRACTOR CERTIFICATION

CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM
THE FLORIDA WORKERS' COMPENSATION LAW

I, _____, have filed the State of Florida Certificate to be exempt from the Florida Workers' Compensation Law, and have submitted a copy of the exemption to the Contractor Certification Division in lieu of a Certificate of Insurance for Workers' Compensation Insurance.

At the present time, I have no employees. I understand that if I hire any employees I must submit a Certificate of Insurance to the Contractor Certification Division providing evidence that appropriate Workers' Compensation Insurance is in place for those employees prior to commencement of any work, in accordance with the Florida Statutes.

Qualifier's Signature: _____ **Date:** _____

Type/Print Name: _____

Contractor Certification #: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification.

Signature of Notary

Re: Collection of Personal Information

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and benefits information are not subject to Florida's public records laws and are not furnished to anyone, unless properly subpoenaed by a court of law or provided to an agency whose need for the social security numbers are necessary to carry out their function. Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

1. To process and report wages pursuant to the Social Security Administration Act
2. To report income pursuant to the Federal Department of Internal Revenue Service
3. To follow the guidelines set forth by the U.S. Citizen and Immigration Service
4. To initiate and process applicant or employee background checks
5. Drug Screening Test Identification
6. Process employment benefits including, but not limited to, Health Insurance, Florida Retirement, Income Reporting, Unemployment Compensation and Worker's Compensation.

**ST. LUCIE COUNTY
FLORIDA
CONTRACTOR CERTIFICATION BOARD
BOARD MEETING SCHEDULE**

The Contractor Certification Board meets the 3rd Wednesday of the month from 8:30 AM to 12 Noon in:

Commission Chambers
Roger Poitras Annex
2300 Virginia Avenue, 3rd Floor
Fort Pierce, FL 34982

Cut-off dates are the 1st Friday of the month. Cut-off dates are final. Applications submitted after the cut-off date will be scheduled for the following monthly Board Meeting, if completed. If applications are not completed, they will not be reviewed.

For directions and questions, please contact our office at 772-462-1672.

NOTE: Staff reserves the right to move application to the next agenda.

**ST. LUCIE COUNTY, FLORIDA
CONTRACTOR CERTIFICATION BOARD
2010 BOARD MEETING SCHEDULE**

THE FOLLOWING CUT OFF DATES ARE FINAL. APPLICATIONS SUBMITTED AFTER THE CUTOFF DATE WILL BE SCHEDULED FOR THE FOLLOWING MONTHLY BOARD MEETING, IF COMPLETED. IF APPLICATIONS ARE NOT COMPLETED, THEY WILL NOT BE REVIEWED.

CUT OFF DATES:

January 4, 2010

April 2, 2010

July 2, 2010

October 1, 2010

BOARD MEETING DATES:

January 20, 2010

April 21, 2010

July 21, 2010

October 20, 2010

NOTE: Staff reserves the right to move applications to the next Agenda.

The Contractor Certification Board meets the third Wednesday of the month in the Commission Chambers, Roger Poitras Annex, 2300 Virginia Avenue, Fort Pierce, Florida, from **8:30 A.M. to 12 NOON**. You can contact our office @ (772) 462-1672 or (772) 462-1673 for directions and questions.